

**1.** Datum popunjavanja: \_\_\_\_\_

**2.** U kojem ste tjednu trudnoće? \_\_\_\_\_

**3.** Vaša dob (godine): \_\_\_\_\_

**4.** Vaše tjelesne mjere:

Visina u cm: \_\_\_\_\_

Sadašnja težina u kg: \_\_\_\_\_

Težina u kg prije ove trudnoće (zadnji menstrualni ciklus): \_\_\_\_\_

**5.** Molimo Vas, zaokružite lijekove/vitaminske pripravke koje ste uzimali **tijekom ove trudnoće**. Ako znate, navedite naziv lijeka/pripravka.

a) pripravci folne kiseline \_\_\_\_\_

b) vitaminski pripravci za trudnice (npr. Prenatal, Elevit) \_\_\_\_\_

c) lijekovi za opuštanje (npr. Normabel, Xanax) \_\_\_\_\_

d) lijekovi protiv depresije (npr. Prozac, Zoloft) \_\_\_\_\_

e) neki drugi lijek/vitaminski pripravak \_\_\_\_\_

f) nisam uzimala nikakve lijekove ni vitaminske pripravke

**6.** Jeste li **prije ove trudnoće** uzimali koji od gore navedenih lijekova ili vitaminskog pripravaka?

a) ne

b) da      Ako da, koji? \_\_\_\_\_

Prije koliko vremena? \_\_\_\_\_

**7.** Jeste li **tijekom ove trudnoće** patili od navedenih poremećaja/bolesti? Ako da, zaokružite.

- |  |                            |                        |
|--|----------------------------|------------------------|
| a) dijabetes                                     | e) depresivni poremećaj    | g) epilepsija          |
| b) povišeni krvni tlak                           | f) bipolarni poremećaj     | i) migrena             |
| c) problemi sa štitnjačom                        | g) anoreksija ili bulimija | j) ovisnost o alkoholu |
| d) anksiozni poremećaj                           | h) shizofrenija            | k) ništa od navedenog  |
| l) neki drugi poremećaj/bolest (navedite): _____ |                            |                        |

**8.** Jeste li bilo kad **prije ove trudnoće** patili od gore navedenih poremećaja:

a) ne

b) da      Ako da, od kojeg? \_\_\_\_\_

**9.** Da li trenutno pušite duhanske proizvode?

a) ne, nikad u životu nisam pušila

b) ne, prestala sam pušiti prije više od godinu dana

c) ne, prestala sam pušiti kad sam saznala da sam trudna

d) da, trenuno pušim

**Ako trenutno ne pušite**, odgovorite na pitanje **10** i nastavite s pitanjem **12**.

**Ako trenutno pušite**, odgovorite na pitanje **11** i nastavite s pitanjem **12**.

**10.** Jeste li ikad u životu pušili?

a) ne

b) da Ako da, kad ste prestali (godina, mjesec)? \_\_\_\_\_

Koliko ste prosječno cigareta dnevno pušili? \_\_\_\_\_

**11.** Koliko cigareta dnevno popušite?

**Prije trudnoće:**

a) 30 ili više

b) 20 do 30

c) 10 do 20

d) manje od 10

Prosječan broj: \_\_\_\_\_

**Tijekom ove trudnoće:**

a) 30 ili više

b) 20 do 30

c) 10 do 20

d) manje od 10

Prosječan broj: \_\_\_\_\_

**12.** Koliko često pijete alkohol?

**Prije trudnoće:**

a) svaki dan

b) 5 ili 6 puta tjedno

c) 3 ili 4 puta tjedno

d) 1 ili 2 puta tjedno

e) rjeđe nego 1 puta tjedno

f) rjeđe nego 1 puta mjesečno

g) nikad

**Tijekom ove trudnoće:**

a) svaki dan

b) 5 ili 6 puta tjedno

c) 3 ili 4 puta tjedno

d) 1 ili 2 puta tjedno

e) rjeđe nego 1 puta tjedno

f) rjeđe nego 1 puta mjesečno

g) nikad

**13.** Koliki broj alkoholnih pića (\*) prosječno popijete u prilikama kad pijete alkohol?

**Prije trudnoće:**

a) 9 ili više

b) 5 do 8

c) 3 ili 4

d) 1 ili 2

e) nikad ne pijem

**Tijekom ove trudnoće:**

a) 9 ili više

b) 5 do 8

c) 3 ili 4

d) 1 ili 2

e) nikad ne pijem

**14.** Koliko često popijete 5 ili više alkoholnih pića (\*) u jednoj prilici?

**Prije trudnoće:**

a) češće nego jednom tjedno

b) otprilike jednom tjedno

c) otprilike jednom mjesečno

d) rjeđe nego jednom mjesečno

e) nikad

**Tijekom ove trudnoće:**

a) češće nego jednom tjedno

b) otprilike jednom tjedno

c) otprilike jednom mjesečno

d) rjeđe nego jednom mjesečno

e) nikad

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\* jedno alkoholno piće = 1 standardno pivo (5 dcl)  
1-2 dcl vina  
oko 0.5 dcl likera  
oko 0.3 dcl žestokog pića

**1.** Filling date: \_\_\_\_\_

**2.** What week of pregnancy are you in? \_\_\_\_\_

**3.** Your age (years): \_\_\_\_\_

**4.** Your body measurements:

Body height in cm: \_\_\_\_\_

Current body weight in kg: \_\_\_\_\_

Body weight in kg before this pregnancy (last menstrual cycle): \_\_\_\_\_

**5.** Please circle the medication or vitamins that you have been taking **during this pregnancy**.

If you know, please write the name of the medication / vitamin supplement.

a) folic acid supplements \_\_\_\_\_

b) prenatal multivitamins (e.g. Prenatal, Elevit) \_\_\_\_\_

c) anti-anxiety drugs (e.g. Normabel, Xanax) \_\_\_\_\_

d) antidepressants (e.g. Prozac, Zoloft) \_\_\_\_\_

e) other medications/vitamin supplements \_\_\_\_\_

f) I have not been taking any medication or vitamin supplements

**6.** Have you taken any of the above mentioned drugs or vitamins ever **before this pregnancy**?

a) no

b) yes     If yes, which? \_\_\_\_\_

How long ago? \_\_\_\_\_

**7.** Have you suffered from any of the mentioned disorders/diseases **during this pregnancy**?

If yes, please circle the corresponding ones:

- |                        |                        |                          |
|------------------------|------------------------|--------------------------|
| a) diabetes            | e) depressive disorder | g) epilepsy              |
| b) high blood pressure | f) bipolar disorder    | i) migraine              |
| c) thyroid problems    | g) anorexia or bulimia | j) alcohol dependence    |
| d) anxiety disorders   | h) schizophrenia       | k) none of the mentioned |

l) other disorder/disease (please specify): \_\_\_\_\_

**8.** Have you suffered from any of the above mentioned disorders ever **before this pregnancy**?

a) no

b) yes     If yes, from which? \_\_\_\_\_

**9.** Do you currently smoke tobacco?

a) no, I have never smoked in my life

b) no, I stopped smoking more than a year ago

d) no, I stopped smoking when I found out I was pregnant.

e) yes, I currently smoke

**If you currently don't smoke**, answer the question **10** and proceed with question **12**.

**If you currently smoke**, answer the question **11** and proceed with question **12**.

**10.** Have you ever smoked in the past?

a) no

b) yes If yes, when did you quit (year, month)? \_\_\_\_\_

How many cigarettes on average have you smoked per day? \_\_\_\_\_

**11.** How many cigarettes do you smok per day?

**Before pregnancy:**

a) 30 or more

b) 20 to 30

c) 10 to 20

d) less than 10

Average number:\_\_\_\_\_

**During this pregnancy:**

a) 30 or more

b) 20 to 30

c) 10 to 20

d) less than 10

Average number:\_\_\_\_\_

**12.** How often do you consume alcohol?

**Before pregnancy:**

a) every day

b) 5 or 6 times per week

c) 3 or 4 times per week

d) 1 or 2 times per week

e) less than once per week

f) less than once per month

g) never

**During this pregnancy:**

a) every day

b) 5 or 6 times per week

c) 3 or 4 times per week

d) 1 or 2 times per week

e) less than once per week

f) less than once per month

g) never

**13.** How many drinks (\*) do you usually have on occasions when you consume alcohol?

**Before pregnancy:**

a) 9 or more

b) 5 to 8

c) 3 or 4

d) 1 or 2

e) I never drink

**During this pregnancy:**

a) 9 or more

b) 5 to 8

c) 3 or 4

d) 1 or 2

e) I never drink

**14.** How often do you have 5 or more drinks (\*) on one occasion?

**Before pregnancy:**

a) more often than once a week

b) about once a week

c) about once a month

d) less than once a month

e) never

**During this pregnancy:**

a) more often than once a week

b) about once a week

c) about once a month

d) less than once a month

e) never

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\* one drink = 1 beer (5 dl)

1-2 dl wine

about 0.5 dl of light liquor

about 0.3 dl of hard liquor